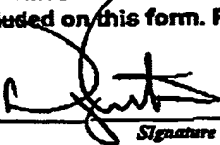


JUN 07 2008 33853117

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)				Docket No. PC032659	
In Re Application Of: Yusuf, Ali, et al.					
Application No. 10/068,633	Filing Date 02/05/2006	Examiner Vickie Y. Kim	Customer No. 29668	Group Art Unit 1614	Confirmation No. 8088
Invention: Skin Sanitizing Antimicrobial Alcoholic Compositions					
<u>COMMISSIONER FOR PATENTS:</u>					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>May 23, 2005</u> above-identified application. <div style="text-align: center; font-size: small;">Date</div>					
The requested extension is as follows (check time period desired): <input type="checkbox"/> One month <input type="checkbox"/> Two months <input checked="" type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months from: <u>August 23, 2005</u> until: <u>November 23, 2005</u> <div style="text-align: center; font-size: small;">Date Date</div>					
The fee for the extension of time is \$1,020 and is to be paid as follows: <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 23-0458 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 23-0458 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <div style="text-align: center; font-size: small;">Signature</div>			Dated: June 7, 2006		
Darryl C. Little, Reg. No.: 40,703 Pfizer Inc. 201 Tabor Road Morris Plains, NJ 07950 Phone: 973-385-4401 FAX: 973-385-3117					
<div style="display: flex; justify-content: space-between;"> 2006 AKELECH1 00000023 230458 10068633 1020.00 BA </div>					
cc:					
<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 145 Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center; font-size: small;">(Date)</div> <div style="text-align: center; font-size: small;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; font-size: small;">Typed or Printed Name of Person Mailing Correspondence</div> </div>					

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>12/21/06</u>		2 Serial/Patent # <u>10068633</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
✓	Amendment			\$
✓	Extension of Time	—	6/7/06	\$ 1020.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND		\$ 1020.00
		8 TO BE REFUNDED BY:		
10 REASON:		<div style="display: flex; align-items: center;"> <div style="width: 50px; text-align: center;">✓</div> <div>Treasury Check</div> </div>		
	Overpayment	<div style="display: flex; align-items: center;"> <div style="width: 50px; text-align: center;">✓</div> <div>Credit Deposit A/C #:</div> </div>		
✓	Duplicate Payment	<div style="display: flex; align-items: center;"> <div style="width: 50px; text-align: center;">9</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-right: 1px solid black; padding: 0 5px;">2</div> <div style="border-right: 1px solid black; padding: 0 5px;">3</div> <div style="border-right: 1px solid black; padding: 0 5px;">--</div> <div style="border-right: 1px solid black; padding: 0 5px;">0</div> <div style="border-right: 1px solid black; padding: 0 5px;">4</div> <div style="border-right: 1px solid black; padding: 0 5px;">5</div> <div style="padding: 0 5px;">8</div> </div> </div>		
✓	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pets. Examiner</u>		
SIGNATURE: <u><i>L Walsh</i></u>		PHONE: <u>23206</u>		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u><i>CKH</i></u>		DATE: <u>12/21/06</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: